

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN642HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHEASTERN NV REGIONAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 ERRECART BLVD ELKO, NV 89801</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint survey under State licensure conducted at your facility on 8/6/08 and finalized on 8/8/08.</p> <p>The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on August 04, 2004.</p> <p>Complaint #NV00018757 alleged that the facility failed to provide quality care and the appropriate follow-up. The complaint was substantiated. See S 300.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	S 000		
S 300	<p>NAC 449.3622 Appropriate Care of Patient</p> <p>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview it was determined that the facility failed to follow-up on abnormal x-ray findings for 1 of 5 patients. (#5)</p> <p>Findings include:</p>	S 300		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 300	<p>Continued From page 1</p> <p>Patient #5: The patient presented to the Emergency Department (ED) on 5/10/08 at 12:30 AM with her parents. She was 16 days old with vomiting, breathing problems, and decreased responsiveness as stated by the mother.</p> <p>Review of the patient's records revealed Patient #5 was seen and assessed by a registered nurse (RN) at 12:40 AM. She was given a small amount of Pedialyte and vomited it up. The ED physician was alerted by the RN and a intravenous line was started and an 80 cc bolus of normal saline was given.</p> <p>At 1:05 AM the ED physician examined Patient #5. Lab work and a chest x-ray were ordered and completed at 2:15 AM. At 3:15 AM the physicians's progress note revealed that the chest x-ray was normal and the patient was more alert, "fussing more and more responsive after bolus and taking some formula." Her vital signs were stable with a normal oxygen saturation level on room air. The physician wrote discharge to home orders and the parents were given instructions by the RN at 3:50 AM to keep the infant swaddled and warm, feed with Pedialyte and formula, and follow up as needed.</p> <p>On 8/6/08 at 10:05 AM, Patient #5's mother was interviewed by telephone. She stated "the staff felt we were not keeping the baby warm enough and questioned our parenting knowledge." The doctor did mention that her heart was a little enlarged but "that was normal." The mother stated that the RN said she would call and check up on her in a few hours. She took her cell phone number, but never did call. The mother said they were visiting family in Elko and went back to their relatives' house to get some rest.</p>	S 300		

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S 300	<p>Continued From page 2</p> <p>The next day they drove back home to Winnemucca. The baby was not doing well and they drove straight to the hospital.</p> <p>On 8/6/08 at 10:15 AM, Patient #5's father was interviewed by telephone. He stated that the ED physician said the chest x-ray and lab work were normal and to keep the baby warm and feed her often. The ED physician made no reference to anything being wrong or anything to worry about.</p> <p>Review of the radiologist's report of the chest x-ray revealed that the films were read by the on-call radiologist on 5/10/08 at 8:58 AM. The report noted "Somewhat enlarged cardiac silhouette: however, no previous study is available for comparison. Suggest clinical correlation and possible echo of the heart."</p> <p>On 8/06/08 at 10:30 AM, an interview was conducted with the Chief Operations Officer/Chief Nursing Officer (CNO) regarding follow-up care for Patient #5 after discharge from the ED. She revealed that follow-up phone calls were only made for abnormal findings, such as culture and sensitivity findings and radiology reviews with a suspected fracture. The report was "flagged" which indicated further action was needed. The interview revealed that Patient #5's chest x-ray results were not flagged for further action and that the patient's parents were not notified of the radiology findings. She stated that "the call would have been documented on the patient teaching discharge instruction sheet."</p> <p>The CNO reviewed the original chest x-ray film and report and stated "no documentation was made by the ED physician of abnormal findings and no referrals were made."</p>	S 300		

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S 300	<p>Continued From page 3</p> <p>Review of the of medical records for Patient #5 from the second hospital were reviewed. Her parents presented the patient to the ED on 5/11/08 at 10:50 PM. The physician noted that Patient #5 was in "severe distress" with respiratory distress, grunting, cyanosis, and a weak cry. Diagnostic tests included a lumbar puncture (LP), laboratory work, chest x-ray, and oxygen saturation. The patient was admitted to pediatric unit for observation.</p> <p>The report of the chest x-ray taken at 3:49 AM on 5/12/08, revealed: "Impression: Cardiomegaly with prominence of the pulmonary venous vascularity. Correlate clinically for congestive changes or less commonly cardiac pathology. Echocardiogram could be of aid." A repeat chest x-ray was done at 2:23 PM on 5/12/08. The findings were noted as "There is considerable right posterior oblique rotation. There is slight prominence of the interstitium which appears slightly more prominent compared to 3:49 AM earlier today."</p> <p>On 5/12/08 a pediatric echocardiogram was done. The findings indicated decreased left ventricle function and arrangements were made to transfer Patient #5 by air to an out of state children's hospital. On 5/12/08 at 10:00 PM, Patient #5 was air lifted and later had open heart surgery.</p> <p>Severity 2 Scope 1</p>	S 300		

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